

RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 4/16/18
2. **Name of Agency making the Request:** American Media & Advocacy Group
3. **Address of Agency making the Request:** 815 Slaters Ln
Alexandria, Virginia 22314
4. **Name of Agency Contact making the Request:** Kathleen Jones
5. **Telephone Number of Agency Contact making the Request:** (703) 683 - 4877
6. **Name of Candidate:** Jim Renacci
7. **Name of Candidate's Authorized Committee:** Renacci for Senate
8. **Name of Treasurer of Candidate's Committee:** Russel Corwin
9. **Legally-Qualified Candidate for the Office of:** Senate
In the State/District/City/other of: Ohio
10. **Election:**

PRIMARY ELECTION	<input checked="" type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
GENERAL ELECTION	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
CAUCUS	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
11. **Request to Purchase Time:** ☒ ACCEPTED BY SYSTEM ☐ REJECTED BY SYSTEM
12. **Reason for Rejection:**

13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

Signed: _____
Signature of Individual Receiving Request

Date: _____